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CONFIRMATION NO. 2235

<b>SERIAL NUMBER</b> 09/807,657	<b>FILING or 371(c) DATE</b> 04/16/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> B 45158		
<b>APPLICANTS</b> Nathalie Garcon, Rixensart, BELGIUM; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP99/07764 10/08/1999 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 9822703.6 10/16/1998 UNITED KINGDOM 9822709.3 10/16/1998 UNITED KINGDOM 9822712.7 10/16/1998 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/ZACHARIAH LUCAS/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> BELGIUM	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> GLAXOSMITHKLINE CORPORATE INTELLECTUAL PROPERTY, MAI B475 FIVE MOORE DR., PO BOX 13398 RESEARCH TRIANGLE PARK, NC 27709-3398 UNITED STATES						
<b>TITLE</b> ADJUVANT SYSTEMS AND VACCINES						
<b>FILING FEE RECEIVED</b> 2756	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		